



PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of:	)		
	••	:	Examiner: J. L. Cous	80
TAKAYUKI SUZUKI		)		
	•	:	Group Art Unit: 2621	
Appln. No.: 09/714,277		)		
		:		
Filed:	November 17, 2000	)		
		:		DEOCUTED
For:	IMAGE PROCESSING	)		RECEIVED
	APPARATUS AND METHOD	:	April 21, 2004	222 2 2 2004
			•	APR 2 9 2004
	top Non-Fee Amendment			Technology Center 2600
Comm	nissioner for Patents '			rechnology deficer 2000
P. O. I	Box 1450			
Alexa	ndria, VA 22313-1450			

## <u>AMENDMENT</u>

Sir:

00862.022055.

In response to the Office Action of January 21, 2004, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 8.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

(Name of Attorney for Applicant)

Signature

April 21, 2004

(Date of Deposit)

April 21, 2004

Date of Signature



In re Application of:

Docket No. 00862.022055.

Examiner: J. L. Couso

TAKAYUKI SUZUKI

Appln. No.: 09/714,277

Filed: November 17, 2000

For: IMAGE PROCESSING APPARATUS

AND METHOD

Date: April 21, 2004

Group Art Unit: 2621

Mail Stop Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

**RECEIVED** 

APR 2 9 2004

**Technology Center 2600** 

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	DED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	<b>*</b> 18	MINUS	** 20	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
			TOTAL ADDITION TO THE AMEN			\$0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.				
	°Verified Statement claiming small entity status is enclosed, if not filed previously.				
	A check in the amount of \$ is enclosed.				
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.				
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.				
	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.				
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.				
X	Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.				
	Respectfully submitted,				
	Attorney for Applicant				
	Registration No. 29,296				

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New York, New York 10132-3801
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